

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

32718

1. PLACE OF DEATH  
 52 County Andrew Co. Registration District No. 441  
 2 Township Center Primary Registration District No. 4259  
 2 City Edina Mo. (No.     ) St.      Ward     

2. FULL NAME Nora Mahoy  
 (a) Residence, No.      St.      Ward.       
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF       
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1850 month not known  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1932 to Oct 18, 1932  
 I last saw her alive on Oct 18, 1932 Death is said to have occurred on the date stated above, at 4:50 P.M.  
 The principal cause of death and related causes of importance were as follows:

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.       
 10. Date deceased last worked at this occupation (month and year) 4 yrs. 11. Total time (years) spent in this occupation     

Date of onset  
Acute Bronchitis 9-25-32  
Broncho-Pneumonia 10-12-32  
 Other contributory causes of importance:  
    

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick, Ga.  
 13. NAME Timothy Mahoy  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

Name of operation      Date of       
 What test confirmed diagnosis? Phys. Exam. Was there an autopsy? Yes

MOTHER  
 15. MAIDEN NAME Mary  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?      Date of injury     , 19       
 Where did injury occur?      (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Birm. Mahoy  
 (ADDRESS) Edina Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Edina Mo. DATE Oct 20, 1932

Manner of injury       
 Nature of injury     

19. UNDERTAKER L. B. Kelly  
 (ADDRESS) Edina Mo.  
 20. FILED Oct 19, 1932 Mrs C. M. Smith Registrar.

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify       
 (Signed) W. L. Landfester, M. D.  
 (Address) Edina, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
 NOV 2 3 1932  
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